

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee For Period August 1 to August 31, 2009.

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	{ }	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	{ }	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	{ }	Cash Receipts & Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	{ }	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	{ }	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	{ }	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 8/14/09
(date)

Debtor(s)*: Prevalence Health LLC

By:**

Position:

Name of preparer:

Telephone No. of Preparer

Michael P. Schenck

CEO

Chris Coolay

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NAME: Praesence Health LLC
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

ASSETS:	Filing Date	Month	Month	Month	Month	Month	Month
CURRENT ASSETS:							
Cash.....	5/31/09	6/30/09	7/31/09	8/31/09			
Accounts Receivable, Net.....	520,988	616,550	513,396	406,712			
Inventory, at lower of cost or market.....	960,787	864,350	773,450	807,823			
Prepaid expenses & deposits.....	368,452	372,870	402,769	400,478			
Other.....	118,110	151,573	170,837	139,466			
TOTAL CURRENT ASSETS.....	2,093,337	2,002,363	1,860,452	1,754,419			
PROPERTY, PLANT & EQUIPMENT.....							
Less accumulated depreciation.....	2,386,097	2,386,097	2,386,097	2,386,096			
NET PROPERTY, PLANT & EQUIPMENT.....	(2,244,328)	(2,253,093)	(2,261,564)	(2,269,742)			
OTHER ASSETS.....							
<u>Deposits</u>	141,769	133,064	124,593	116,352			
<u> </u>	48,192	54,193	56,762	56,762			
<u> </u>							
<u> </u>							
<u> </u>							
TOTAL OTHER ASSETS.....	43192	54193	56,762	56,762			
TOTAL ASSETS.....	2,209,298	2,185,660	2,041,771	1,927,497			

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

* Adjustments from May 31 to June 30 are not available

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:

POST-PETITION LIABILITIES:

Taxes payable (Form 2-E, pg.1 of 3).....

Accounts payable (Form 2-E, pg. 1 of 3).

Other: Accrued Payroll, Vacation
Misc. Accruals

TOTAL POST-PETITION LIABILITIES:

PRE-PETITION LIABILITIES:

Notes payable - secured.....

Priority debt.....

Unsecured debt.

Other _____

TOTAL LIABILITIES.....

EQUITY (DEFICIT)

PREFERRED STOCK.....

COMMON STOCK.....

RETAINED EARNINGS:

Through filing date.....

Post filing date.....

TOTAL EQUITY (NET WORTH).

TOTAL LIABILITIES & EQUITY.

Filing Date	Month	Month	Month	Month	Month	Month	Month
5/31/09	6/30/09	7/31/09	8/31/09				
94,609	90,953	108,112					
135,461	105,736	97,255					
230,070	196,689	205,367					
5,850,600	5,732,291	5,730,550	5,657,643				
5,850,600	5,902,361	5,927,239	5,863,010				
5,994,125	5,994,125	5,994,125	5,994,125				
69,635,427	94,635,427	99,635,427	99,635,427				
<131,499>	<244,166>	<294,211>					
(3,641,302)	(3,772,801)	(3,885,468)	(3,935,513)				
2,209,298	2,189,560	2,041,771	1,927,497				

* Adjustments from May 31 to June 9
are not available

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month *	Month	Month	Month	Month	Month
	6/1/09 - 6/30/09	7/1/09 - 7/31/09	8/1/09 - 8/31/09			
<u>NET REVENUE</u>	1,234,205	1,136,933	1,051,684			
<u>COST OF GOODS SOLD:</u>						
Material.....	1,028,341	948,373	880,562			
Labor - Direct.....						
Manufacturing Overhead.....						
<u>TOTAL COST OF GOODS SOLD:</u>	1,028,341	948,373	880,562			
<u>GROSS PROFIT:</u>	205,864	188,560	171,122			
<u>OPERATING EXPENSES:</u>						
Selling and Marketing.....						
General and Administrative (rents, utilities, salaries, etc.).....	328,598	291,324	211,439			
Other.....						
<u>TOTAL OPERATING EXPENSES.</u>						
<u>INTEREST EXPENSE</u>		1,491	1,488			
<u>INCOME BEFORE DEPRECIATION OR TAXES:</u>	(122,734)	(104,255)	(41,805)			
<u>DEPRECIATION OR AMORTIZATION</u>	8,765	8,412	8,240			
<u>EXTRAORDINARY EXPENSES *</u>	0					
<u>INCOME TAX EXPENSE (BENEFIT)</u>	0					
<u>NET INCOME (LOSS)</u>	(131,499)	(112,667)	(50,045)			

	Month *	Month	Month	Month	Month	Month
	6/1/09 - 6/30/09	7/1/09 - 7/31/09	8/1/09 - 8/31/09			
<u>NET REVENUE</u>	1,234,205	1,136,933	1,051,684			
<u>COST OF GOODS SOLD:</u>						
Material.....	1,028,341	948,373	880,562			
Labor - Direct.....						
Manufacturing Overhead.....						
<u>TOTAL COST OF GOODS SOLD:</u>	1,028,341	948,373	880,562			
<u>GROSS PROFIT:</u>	205,864	188,560	171,122			
<u>OPERATING EXPENSES:</u>						
Selling and Marketing.....						
General and Administrative (rents, utilities, salaries, etc.).....	328,598	291,324	211,439			
Other.....						
<u>TOTAL OPERATING EXPENSES.</u>						
<u>INTEREST EXPENSE</u>		1,491	1,488			
<u>INCOME BEFORE DEPRECIATION OR TAXES:</u>	(122,734)	(104,255)	(41,805)			
<u>DEPRECIATION OR AMORTIZATION</u>	8,765	8,412	8,240			
<u>EXTRAORDINARY EXPENSES *</u>	0					
<u>INCOME TAX EXPENSE (BENEFIT)</u>	0					
<u>NET INCOME (LOSS)</u>	(131,499)	(112,667)	(50,045)			

*Requires explanation in NARRATIVE (Form 2-F)

* Adjustments from May 31 to June 30 are not available

CASE NAME: Precalence Health LLC CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period August 1 to August 31, 2009

CASH RECONCILIATION

1. Beginning Cash Balance (Ending Cash Balance from last month's report)	\$ <u>513,396</u>
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's)	\$ <u>963,913</u>
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's)	\$ <u>(1,070,597)</u>
4. Net Cash Flow	\$ _____
5. Ending Cash Balance (to FORM 2-B)	\$ <u>406,712</u>

CASH SUMMARY - ENDING BALANCE

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$ _____	Regions Bank
2. Trust Account DIF Account	\$ <u>80</u>	Regions Bank
3. Operating and/or Personal Account	\$ <u>406,432</u>	Regions Bank
4. Payroll Account	\$ _____	_____
5. Tax Account	\$ _____	_____
6. Other Accounts (Specify checking or savings)	\$ _____	_____
7. Cash Collateral Account	\$ _____	_____
8. Petty Cash	\$ _____	_____
TOTAL (must agree with line 5 above)	\$ <u>406,712</u>	

*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

ADJUSTED CASH DISBURSEMENTS

Cash disbursements on Line 3 above less
inter-account transfers & UST fees paid \$ 1,070,434 *

1,070,597 Reported Disb.
 103 I/C Transfer
 1,070,434

* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

QUARTERLY FEE SUMMARY

MONTH ENDED August 31, 2009

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ <u>825,337</u>			
Total				
2nd Quarter	\$ <u>825,337</u>	\$ <u>* 4,875</u>	<u>61179</u>	<u>7/20/09</u>
July	\$ <u>1,309,312</u>			
August	\$ <u>1,070,434</u>			
September	\$ _____			
Total				
3rd Quarter	\$ _____	\$ _____		
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

* Actually paid
6,500.00

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09 - 02016 - ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period August 1 to August 31, 2009

Account Name: Prevalence Health Account Number: 9001277993

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
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Total Cash Receipts \$ 963,750

Prevalence Health LLC

August 2009 Cash Deposits

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
8/14/2009	Insurance / Medicaid /Medicare	\$400.00
8/25/2009	Insurance / Medicaid /Medicare	\$414.00
8/3/2009	Patient Co-Pay	\$40.00
8/4/2009	Patient Co-Pay	\$10.00
8/4/2009	Patient Co-Pay	\$277.60
8/5/2009	Patient Co-Pay	\$21.00
8/5/2009	Patient Co-Pay	\$118.83
8/6/2009	Patient Co-Pay	\$402.96
8/7/2009	Patient Co-Pay	\$158.40
8/11/2009	Patient Co-Pay	\$3.00
8/11/2009	Patient Co-Pay	\$173.58
8/12/2009	Patient Co-Pay	\$209.40
8/13/2009	Patient Co-Pay	\$292.61
8/18/2009	Patient Co-Pay	\$54.00
8/19/2009	Patient Co-Pay	\$15.52
8/19/2009	Patient Co-Pay	\$20.00
8/20/2009	Patient Co-Pay	\$280.92
8/21/2009	Patient Co-Pay	\$40.00
8/25/2009	Patient Co-Pay	\$57.30
8/25/2009	Patient Co-Pay	\$73.10
8/26/2009	Patient Co-Pay	\$35.94
8/26/2009	Patient Co-Pay	\$134.86
8/27/2009	Patient Co-Pay	\$355.85
8/28/2009	Patient Co-Pay	\$500.31
8/31/2009	Patient Co-Pay	\$20.00
8/31/2009	Patient Co-Pay	\$420.69
8/26/2009	Expired Inventory Payment	\$41.00
8/4/2009	Expired Inventory Payment	\$727.87
8/6/2009	Expired Inventory Payment	\$3,797.22
8/12/2009	Inventory Purchase Rebate	\$183.50
8/25/2009	Inventory Purchase Rebate	\$48.40
8/24/2009	Misc Deposits	\$30.38
8/26/2009	Insurance / Medicaid /Medicare	\$1,458.05
8/27/2009	Insurance / Medicaid /Medicare	\$433.93
8/31/2009	Insurance / Medicaid /Medicare	\$382.24
8/28/2009	Insurance / Medicaid /Medicare	\$11,237.86
8/25/2009	Insurance / Medicaid /Medicare	\$10,319.61
8/24/2009	Miscellaneous Deposit	\$74.75
8/3/2009	Insurance / Medicaid /Medicare	\$5.71
8/3/2009	Insurance / Medicaid /Medicare	\$526.88
8/4/2009	Insurance / Medicaid /Medicare	\$3,735.09
8/4/2009	Insurance / Medicaid /Medicare	\$18,043.81
8/4/2009	Insurance / Medicaid /Medicare	\$24,792.08
8/4/2009	Insurance / Medicaid /Medicare	\$35,780.41
8/4/2009	Insurance / Medicaid /Medicare	\$208.72
8/5/2009	Insurance / Medicaid /Medicare	\$366.12
8/5/2009	Insurance / Medicaid /Medicare	\$41,001.52
8/6/2009	Insurance / Medicaid /Medicare	\$264.67

8/6/2009	Insurance / Medicaid /Medicare	\$658.23
8/6/2009	Insurance / Medicaid /Medicare	\$20,928.00
8/6/2009	Insurance / Medicaid /Medicare	\$98,057.11
8/7/2009	Insurance / Medicaid /Medicare	\$25,726.50
8/10/2009	Insurance / Medicaid /Medicare	\$316.01
8/10/2009	Insurance / Medicaid /Medicare	\$1,094.29
8/11/2009	Insurance / Medicaid /Medicare	\$45,490.83
8/11/2009	Insurance / Medicaid /Medicare	\$64,575.67
8/12/2009	Insurance / Medicaid /Medicare	\$350.19
8/12/2009	Insurance / Medicaid /Medicare	\$605.39
8/12/2009	Insurance / Medicaid /Medicare	\$26,570.83
8/13/2009	Insurance / Medicaid /Medicare	\$10.19
8/13/2009	Insurance / Medicaid /Medicare	\$2,417.89
8/13/2009	Insurance / Medicaid /Medicare	\$4,101.94
8/13/2009	Insurance / Medicaid /Medicare	\$23,406.10
8/13/2009	Insurance / Medicaid /Medicare	\$37,393.47
8/13/2009	Insurance / Medicaid /Medicare	\$85,553.52
8/14/2009	Insurance / Medicaid /Medicare	\$2.40
8/14/2009	Insurance / Medicaid /Medicare	\$9.74
8/14/2009	Insurance / Medicaid /Medicare	\$1,324.71
8/17/2009	Insurance / Medicaid /Medicare	\$262.34
8/17/2009	Insurance / Medicaid /Medicare	\$416.11
8/17/2009	Insurance / Medicaid /Medicare	\$444.34
8/17/2009	Insurance / Medicaid /Medicare	\$7,251.10
8/17/2009	Insurance / Medicaid /Medicare	\$17,101.01
8/18/2009	Insurance / Medicaid /Medicare	\$386.08
8/18/2009	Insurance / Medicaid /Medicare	\$4,481.73
8/18/2009	Insurance / Medicaid /Medicare	\$15,241.72
8/18/2009	Insurance / Medicaid /Medicare	\$24,660.48
8/18/2009	Insurance / Medicaid /Medicare	\$52,062.44
8/19/2009	Insurance / Medicaid /Medicare	\$12.99
8/19/2009	Insurance / Medicaid /Medicare	\$809.70
8/19/2009	Insurance / Medicaid /Medicare	\$14,506.44
8/19/2009	Insurance / Medicaid /Medicare	\$30,184.81
8/20/2009	Insurance / Medicaid /Medicare	\$92.81
8/20/2009	Insurance / Medicaid /Medicare	\$1,842.74
8/20/2009	Insurance / Medicaid /Medicare	\$3,152.06
8/20/2009	Insurance / Medicaid /Medicare	\$19,737.89
8/24/2009	Insurance / Medicaid /Medicare	\$873.99
8/25/2009	Insurance / Medicaid /Medicare	\$461.64
8/25/2009	Insurance / Medicaid /Medicare	\$7,271.17
8/25/2009	Insurance / Medicaid /Medicare	\$85,377.51
8/26/2009	Insurance / Medicaid /Medicare	\$35,240.10
8/27/2009	Insurance / Medicaid /Medicare	\$93.10
8/27/2009	Insurance / Medicaid /Medicare	\$4,506.32
8/27/2009	Insurance / Medicaid /Medicare	\$7,439.69
8/27/2009	Insurance / Medicaid /Medicare	\$13,989.28
8/27/2009	Insurance / Medicaid /Medicare	<u>\$19,267.88</u>

\$963,750.17

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period August 1 to August 31, 2009

Account Name: Premier Health Account Number: 0101894579
DIP

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
8/1/09	Intercompany Transfer	163
	Total Cash Receipts	\$ 163

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period August 1 to August 31, 2009

Account Name: P'revalence Health Account Number: 9001277993
PIP

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

Prevalence Health LLC

August 2009 Cash Disbursements

<u>Date</u>	<u>Number</u>	<u>Name</u>	<u>Description (Purpose)</u>	<u>Amount</u>
8/3/2009		Wire 8 3 2009 Amerisource	Inventory Purchases	(\$68,065.52)
8/3/2009	Wire 8 3 09	Blue Cross Blue Shield Of MS	Employee Medical Insurance	(\$10,806.41)
8/3/2009	61203	Kerioth	Corporate Rent	(\$8,096.00)
8/3/2009	61202	Blue Ox, LLC	Outsourced Accounting	(\$3,125.00)
8/3/2009	61201	Quill	Office Supplies	(\$484.58)
8/3/2009	61200	ULINE	Pharmacy Supplies	(\$434.75)
8/4/2009	Wire 8 4 09	Amerisource	Inventory Purchases	(\$63,522.62)
8/4/2009	61215	UPS	Product Delivery	(\$12,843.54)
8/4/2009	61209	FedEx	Product Delivery	(\$3,391.05)
8/4/2009	61213	Michael Anthony	Expense Reimbursement	(\$2,141.43)
8/4/2009	61212	Iron Mountain Information Management d/b/a Live Vault	Data Backup Service	(\$1,921.42)
8/4/2009	61210	Florida Power & Light	Utilities	(\$1,572.17)
8/4/2009	61205	Avaya Financial Services	Corp. Phone Lease	(\$1,150.15)
8/4/2009	61204	AT&T- ABN Acct.	Phone Services	(\$1,008.87)
8/4/2009	61217	Waste Management - Florida	Dumpster Service	(\$381.79)
8/4/2009	61211	Global Crossing Telecommunications	Phone Services	(\$287.14)
8/4/2009	61216	Waste Management - Baton Rouge	Dumpster Service	(\$203.69)
8/4/2009	Wire	Prevalence Health DIP	Intercompany Transfer	(\$163.15)
8/4/2009	61208	eFax Corporate	Fax Account	(\$115.80)
8/4/2009	61206	Big Red Storage No. 1	Offsite Storage	(\$99.00)
8/4/2009	61207	Data Keepers LLC	Offsite Storage	(\$70.00)
8/4/2009	Wire 8 4 09	Regions Bank	Bank Fees	(\$55.00)
8/4/2009	61214	T-Mobile	Phone Services	(\$46.08)
8/4/2009	Wire 8 4 09	Cardinal Health	Inventory Purchases	(\$17.04)
8/4/2009	Wire 8 4 09	Pitney Bowes-INTERNAL USE ONLY	Postage - Product Delivery	(\$15.00)
8/5/2009	Wire 8 5 09	Amerisource	Inventory Purchases	(\$74,466.31)
8/5/2009	eft080609	CIT Technology Financial Services	Equipment Lease	(\$544.36)
8/5/2009	Wire 8 5 09	Pitney Bowes-INTERNAL USE ONLY	Postage - Product Delivery	(\$200.00)
8/6/2009	Wire 8 6 09	Amerisource	Inventory Purchases	(\$36,466.00)
8/6/2009	61222	Home Diagnostics, Inc.	Inventory Purchases	(\$9,375.00)
8/6/2009	61221	Reliance Standard	Employee Insurance	(\$385.75)
8/6/2009	61219	Reliance Standard	Employee Insurance	(\$177.40)
8/6/2009	61223	Quill	Office Supplies	(\$53.90)
8/6/2009	61220	Reliance Standard	Employee Insurance	(\$11.10)
8/7/2009	wire 8 7 09	Amerisource	Inventory Purchases	(\$40,267.91)
8/10/2009	Wire 8 10 20	Amerisource	Inventory Purchases	(\$59,557.29)
8/10/2009	61232	Machost Road LLC	LA Rent	(\$7,737.50)
8/10/2009	61235	UPS	Product Delivery	(\$6,154.82)
8/10/2009	61234	Sprint	Phone Services	(\$2,820.65)
8/10/2009	61231	Kubra Tennessee LLC	Outsourced Patient Statements	(\$1,300.00)
8/10/2009	Wire 8 10 09	Regions Bank	Bank Fees	(\$699.62)
8/10/2009	61227	AT&T - LA/MS	Phone Services	(\$624.56)
8/10/2009	61225	Arleatha Nichols	Expense Reimbursement	(\$353.30)
8/10/2009	61226	AT&T - Florida	Phone Services	(\$185.51)
8/10/2009	61228	CobraSource, Inc.	Cobra Management	(\$66.00)
8/10/2009	61230	Kertz National Alarm Systems, Inc.	Security Services	(\$52.95)
8/10/2009	61233	Shred-it	Shredding Services	(\$48.00)
8/10/2009	61229	Gerald Waguestock	Expense Reimbursement	(\$15.75)
8/11/2009	Wire 8 11 09	Amerisource	Inventory Purchases	(\$29,986.05)
8/11/2009	Wire 8/7/09	DDP Medical Supply & Diamond Diabetic Products	Inventory Purchases	(\$2,569.00)

8/12/2009	Wire 8 12 09 Amerisource	Inventory Purchases	(\$31,408.75)
8/13/2009	Wire 8 13 20 Amerisource	Inventory Purchases	(\$44,699.22)
8/13/2009	Wire 8 12 20 Home Diagnostics, Inc.	Inventory Purchases	(\$4,680.00)
8/13/2009	Wire 8 13 20 Pitney Bowes-INTERNAL USE ONLY	Postage - Product Delivery	(\$200.00)
8/14/2009	Wire 8 14 09 Amerisource	Inventory Purchases	(\$19,699.92)
8/14/2009	61237 Blue Ox, LLC	Outsourced Accounting	(\$3,150.00)
8/17/2009	Wire 8 17 09 Amerisource	Inventory Purchases	(\$6,630.57)
8/18/2009	Wire 8 18 09 Amerisource	Inventory Purchases	(\$26,233.12)
8/18/2009	61245 PFS of the South, Inc.	Business Insurance	(\$8,073.48)
8/18/2009	61252 UPS	Product Delivery	(\$2,979.21)
8/18/2009	61240 FedEx	Product Delivery	(\$2,405.51)
8/18/2009	61244 OmniSys, Inc.	Claims Processing	(\$2,170.75)
8/18/2009	61253 Zayo Managed Services	Server Co-Location	(\$2,050.00)
8/18/2009	61246 Lifoam Industries LLC	Pharmacy Supplies	(\$1,682.66)
8/18/2009	61250 RelayHealth, Inc.	Claims Processing	(\$1,330.98)
8/18/2009	wire 8 18 09 Moore Wallace An RR Donnelley Co.	Pharmacy Supplies	(\$1,311.54)
8/18/2009	61248 Service Janitorial LLC dba SanServe Building Services	Janitorial Services	(\$569.00)
8/18/2009	61254 Arleatha Nichols	Expense Reimbursement	(\$531.60)
8/18/2009	61243 Iron Mountain	Shredding Services	(\$201.29)
8/18/2009	61238 Cintas Corporation	Pharmacy Supplies	(\$146.41)
8/18/2009	61251 Quill	Office Supplies	(\$138.24)
8/18/2009	61241 Community Coffee LLC	Office Supplies	(\$116.52)
8/18/2009	61249 Pitney Bowes Inc.	Postage Supplies	(\$82.09)
8/18/2009	61247 Kentwood Springs	Office Supplies	(\$44.04)
8/18/2009	61242 Gas Utility Dist. #1	Utilities	(\$16.98)
8/18/2009	61239 City of Zachary	Utilities	(\$9.81)
8/19/2009	Wire 8 19 09 Amerisource	Inventory Purchases	(\$19,148.32)
8/19/2009	Wire 8 19 09 American Express	Misc. Expenses / Travel	(\$7,250.44)
8/19/2009	61257 The Lincoln National Life Insurance Company	Employee Insurance	(\$806.39)
8/19/2009	61236- By ph ULINE	Pharmacy Supplies	(\$426.58)
8/19/2009	61255 Gerald Waguespack	Expense Reimbursement	(\$23.90)
8/19/2009	61256 Ohio Department of Job & Family Services	Tax Expense	(\$1.85)
8/20/2009	Wire 8 20 09 Amerisource	Inventory Purchases	(\$13,221.48)
8/20/2009	Wire 8/19/09 Bayer HealthCare LLC	Inventory Purchases	(\$4,572.00)
8/21/2009	Wire 8 21 09 Amerisource	Inventory Purchases	(\$18,027.90)
8/21/2009	wire 8 21 09 Pitney Bowes-INTERNAL USE ONLY	Postage - Product Delivery	(\$200.00)
8/24/2009	wire 8 24 09 Amerisource	Inventory Purchases	(\$43,669.79)
8/24/2009	61271 UPS	Product Delivery	(\$9,535.57)
8/24/2009	61261 AT&T - LA/MS	Phone Services	(\$1,729.72)
8/24/2009	61270 Tri State Distribution, Inc.	Pharmacy Supplies	(\$1,087.92)
8/24/2009	Wire 8 24 09 Pitney Bowes-INTERNAL USE ONLY	Postage - Product Delivery	(\$1,000.00)
8/24/2009	61265 FedEx	Product Delivery	(\$986.30)
8/24/2009	61267 Quill	Office Supplies	(\$966.02)
8/24/2009	61259 AT&T - Florida	Phone Services	(\$877.00)
8/24/2009	61262 Demco	Utilities	(\$571.00)
8/24/2009	61260 Christopher W Benton	Outsourced Pharmacist	(\$400.00)
8/24/2009	61258 ACS Edi Gateway, Inc.	Claims Processing	(\$210.00)
8/24/2009	61268 Stanley Convergent Security Solution	Security Services	(\$85.86)
8/24/2009	61263 Community Coffee LLC	Office Supplies	(\$72.23)
8/24/2009	61264 CobraSource, Inc.	Cobra Management	(\$66.00)
8/24/2009	61266 Kentwood Springs	Office Supplies	(\$55.72)
8/24/2009	61269 T-Mobile	Phone Services	(\$42.09)
8/25/2009	Wire 8 25 09 Amerisource	Inventory Purchases	(\$53,395.77)
8/25/2009	61273 Westport Business Park Associates LLP	FL rent	(\$11,332.43)
8/26/2009	wire 8 26 09 Amerisource	Inventory Purchases	(\$55,553.86)

8/26/2009	61274	Reliance Standard	Employee Insurance	(\$572.77)
8/27/2009	Wire 8 27 09	Amerisource	Inventory Purchases	(\$20,179.71)
8/27/2009	Wire 8/27/09	Bayer HealthCare LLC	Inventory Purchases	(\$9,196.32)
8/27/2009	61275 by pho	Quill	Office Supplies	(\$551.02)
8/28/2009	Wire 8 28 09	Amerisource	Inventory Purchases	(\$39,014.55)
8/28/2009	61277	Blue Ox, LLC	Outsourced Accounting	(\$2,250.00)
8/31/2009	855		Employee Payroll	(\$43,322.34)
8/31/2009	855		Employee Payroll	(\$40,694.76)
8/31/2009	Wire 8 31 2009	Amerisource	Inventory Purchases	(\$34,563.35)
8/31/2009	858		Employee Payroll	(\$7,513.36)
8/31/2009	61285	UPS	Product Delivery	(\$6,898.38)
8/31/2009	Wire 8/31/09	DDP Medical Supply & Diamond Diabetic Products	Inventory Purchases	(\$1,770.75)
8/31/2009	61284	Sun Microsystems Global Financial Services	Server Lease	(\$1,579.44)
8/31/2009	61278	Avaya Financial Services	Corp. Phone Lease	(\$1,150.15)
8/31/2009	61276	ULINE	Pharmacy Supplies	(\$486.75)
8/31/2009	61286	Will-cutt Lawn Service	LA Lawn Care	(\$180.00)
8/31/2009	61283	Florida Power & Light	Utilities	(\$148.81)
8/31/2009	61282	eFax Corporate	Fax Account	(\$104.00)
8/31/2009	61279	Big Red Storage No. 1	Offsite Storage	(\$99.00)
8/31/2009	61280	Data Keepers LLC	Offsite Storage	(\$70.00)
8/31/2009	61281	Devesa Exterminating Corp.	Exterminating	(\$55.00)

(\$1,070,414.22)

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period August 1 to August 31, 2009

Account Name: Prevalence Health Account Number: 0101894579
DIP

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
8/14/09	wire	Regions	Bank fees	20.81
8/21/09	wire	Hawland Clarke	check stock	162.33
Total Cash Disbursements				\$ <u>183.14</u>

*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period August 1 to August 31, 2009

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS		108,112	\$78,815	\$13,218	\$16,079	\$

Prevalence Health, LLC

August 31 2009 Post Petition Trade Payables

Vendor	Date	No.	Due Date	Age	Open Balance	Category
Aetna Maintenance, Inc.	8/1/2009	82761	8/31/2009	30	\$500.32	0-30
ComEd- Commonwealth Edison	8/6/2009	7/8-8/6/09	9/5/2009	25	\$1,135.03	0-30
North Shore Gas	8/13/2009	7/14-8/12/09	8/28/2009	18	\$140.69	0-30
Pitney Bowes Global Financial Services LLC	8/18/2009	6/10-7/30/09	9/2/2009	13	\$2,956.17	0-30
AT&T- ABN Acct.	8/19/2009	4209479008	9/13/2009	12	\$1,000.73	0-30
The Lincoln National Life Insurance Company	8/19/2009	61257	8/19/2009	12	(\$806.39)	0-30
Hamilton Partners	8/20/2009		8/20/2009	11	\$14,769.94	0-30
Machost Road LLC	8/20/2009		8/20/2009	11	\$7,737.50	0-30
Westport Business Park Associates LLP	8/20/2009	1/2 September Rent	8/20/2009	11	\$5,666.21	0-30
Westport Business Park Associates LLP	8/20/2009		8/20/2009	11	\$5,666.21	0-30
Westwood Square, P/S/P	8/20/2009		8/20/2009	11	\$250.00	0-30
Banc Of America Leasing	8/21/2009	011138583	9/15/2009	10	\$291.50	0-30
Moore Wallace An RR Donnelley Co.	8/21/2009	369926320 (prepm on 8/18/09)	9/20/2009	10	\$169.09	0-30
American Express	8/23/2009	August 09 American Express	8/23/2009	8	\$4,079.61	0-30
Pitney Bowes Inc.	8/23/2009	371733LN	9/15/2009	8	\$72.67	0-30
Pitney Bowes Inc.	8/23/2009	368749LN	9/15/2009	8	\$16.35	0-30
Young Williams P.A.	8/24/2009	49592 Post - 1	10/23/2009	7	\$74.75	0-30
Kerioth	8/25/2009		8/25/2009	6	\$8,000.00	0-30
Avaya, Inc.	8/26/2009	2729164647	8/26/2009	5	\$761.48	0-30
Global Crossing Telecommunications	8/26/2009	9032221014	9/25/2009	5	\$490.61	0-30
Cintas Corporation	8/27/2009		8/27/2009	4	(\$146.41)	0-30
FedEx	8/27/2009	9-310-30020	9/11/2009	4	\$984.13	0-30
Sprint	8/27/2009	Activity through 8/26/09	9/21/2009	4	\$2,820.65	0-30
Will-cutt Lawn Service	8/27/2009	8/13-8/26/09	9/26/2009	4	\$225.00	0-30
AT&T - Florida	8/28/2009	1809 8/28-9/27/09	9/25/2009	3	\$38.86	0-30
AT&T - Florida	8/28/2009	1806 8/28-9/27/09	9/25/2009	3	\$21.74	0-30
AT&T - Florida	8/28/2009	1802 8/28-9/27/09	9/25/2009	3	\$125.02	0-30
Quill	8/28/2009	8951299	9/27/2009	3	\$511.08	0-30
AT&T - LA/MS	8/29/2009	0592 8/29-9/28/09	9/26/2009	2	\$662.46	0-30
UPS	8/29/2009		9/16/2009	2	\$11,239.91	0-30
Gerald Waguespack	8/31/2009	8/3-8/31/09	8/31/2009	0	\$18.90	0-30
Iron Mountain	8/31/2009	ATV8464	9/30/2009	0	\$47.39	0-30
Iron Mountain Information Management d/b/a Live Vault	8/31/2009	30045692	9/30/2009	0	\$1,930.05	0-30
Kubra Tennessee LLC	8/31/2009	Est Payment for Aug Statements	9/30/2009	0	\$1,300.00	0-30
Lifoam Industries LLC	8/31/2009	2310005	9/30/2009	0	\$1,682.66	0-30
Michael Anthony	8/31/2009	Aug 09 Expense Report	8/31/2009	0	\$634.70	0-30
OmniSys, Inc.	8/31/2009	508892	9/30/2009	0	\$861.50	0-30
OmniSys, Inc.	8/31/2009	508893	9/30/2009	0	\$1,018.25	0-30
Shred-it	8/31/2009	13312906363	9/30/2009	0	\$50.00	0-30
Tri State Distribution, Inc.	8/31/2009	361168	9/30/2009	0	\$1,518.59	0-30
Wells Fargo Financial Leasing	8/31/2009	6745198232	9/15/2009	0	\$298.03	0-30
					\$78,814.98	0-30 Total
Hamilton Partners	7/2/2009	090702-10786	7/2/2009	60	\$2,080.33	31-60
Young Williams P.A.	7/7/2009	49592 Pre	9/5/2009	55	\$1,011.50	31-60
ComEd- Commonwealth Edison	7/8/2009	6/8-7/8/09	8/7/2009	54	\$479.16	31-60
Broward County Revenue Collector	7/14/2009	Local Business Tax Renewal	7/14/2009	48	\$45.00	31-60
North Shore Gas	7/16/2009	6/12-7/14/09	7/31/2009	46	\$69.30	31-60
Hamilton Partners	7/17/2009	090717-10786	7/17/2009	45	\$633.01	31-60
Toyota Financial Services	7/17/2009	4000250558	8/9/2009	45	\$207.09	31-60
Hamilton Partners	7/20/2009		7/20/2009	42	\$14,769.94	31-60
Westwood Square, P/S/P	7/20/2009		7/20/2009	42	\$250.00	31-60
Banc Of America Leasing	7/21/2009	011093620	8/15/2009	41	\$326.50	31-60
Avaya, Inc.	7/26/2009	2729047343	7/26/2009	36	\$761.48	31-60
North Shore Gas	7/30/2009	6/9-7/14/09	8/14/2009	32	\$69.26	31-60
Journal	7/31/2009	854	7/31/2009	31	(\$7,782.84)	31-60
Wells Fargo Financial Leasing	7/31/2009	6745159529	8/15/2009	31	\$298.03	31-60
					\$13,217.76	31-60 Total
Hamilton Partners	6/20/2009		6/20/2009	72	\$14,769.94	61-90
Westwood Square, P/S/P	6/20/2009		6/20/2009	72	\$250.00	61-90
Avaya, Inc.	6/26/2009	2728939461	6/26/2009	66	\$761.49	61-90
Wells Fargo Financial Leasing	6/30/2009	6745121525	7/15/2009	62	\$298.03	61-90
					\$16,079.46	61-90 Total
					\$108,112.20	Grand Total

Prevalence Health, LLC
Accrued Expenses - Month End Accruals
August 2009

<u>Description</u>	<u>Amount</u>
Miscellaneous Accrual	7,783
Accrued Bank Fees	600
US Trustee Fees	2,200
LA Script Fees	3,003
Outstanding Payroll Checks	3,483
2008 Audit & Tax Return	2,979
2008 FL operating expenses - Rent	1,884
401k Admin Fees	1,870
Florida Property Taxes	3,765
Louisiana Property Taxes	15,100
Amerisource Note Accrued Interest	1,278
Accrued Payroll & Vacation	<u>53,310</u>
Total Accrued Expenses	<u>97,255</u>
Balance per GL	<u>97,255</u>
Difference	-

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period August 1 to August 31, 2009

ACCOUNTS RECEIVABLE AGING REPORT

**Prevalence Health, LLC
Accounts Receivable Summary
As of 8/31/2009**

Receivable from:	Current	31-60	61-90	91 - 120	120+	Total
Insurance (Medicaid)	\$ 623,640	\$ 44,736	\$ 13,452	\$ 16,301	\$ 195,178	\$ 893,307
Patients (Co-Pay)	16,890	14,811	19,612	19,113	143,590	214,016
Total Accounts Rec	\$ 640,530	\$ 59,547	\$ 33,064	\$ 35,414	\$ 338,768	\$ 1,107,323
Estimated Reserve						
Insurance	5,782	7,517	19,881	19,928	241,179	294,287
Patients	0.25%	0.25%	2.0%	5.0%	50.0%	
	25.0%	50.0%	100.0%	100.0%	100.0%	
AR per ScriptMed	\$ 1,107,323					
Deposits in NetSuite not Scriptmed	\$ (88,642)					
Deposits in Scriptmed not NetSuite	\$ -					
Adjusted AR per ScriptMed	1,018,681					
AR per GL	1,018,681					
Difference	(0.05)					

Prevalence Health - FLORIDA
2501 Davie Rd, #210
Davie FL 33317

Report UPC0004 - Summary AR Report for Insurance

Report Date Aug 31, 2009

Responsible Collector None Defined

		Current	31-60	61-90	91-120	121-150	151-360	360+	Total
AETLAD	AETNA PART D LA	\$3,489.55	\$36.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,525.93
AFL	AMERIGROUP FL	\$676.38	\$539.96	\$0.00	\$0.00	\$4.82	\$5.66	\$251.81	\$1,478.63
AMPROFLD	AMERICAN PROG FL PART D	\$1,829.85	\$951.84	\$0.00	\$0.00	\$0.00	\$205.93	\$994.27	\$3,981.89
BCBSILD	BCBS ILLINOIS PART D	\$10.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.40
COMFLD	COMMUNITY CARE PART D F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,112.59	\$0.00	\$2,112.59
COMLAD	COMMUNITY CARE PART D L	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,879.53	\$683.29	\$2,562.82
COVFLD	COVENTRY PART D LA	\$351.16	\$144.03	\$0.00	\$0.00	\$0.00	\$80.82	\$91.91	\$607.97
FLM	FLORIDA MEDICAID	\$118,990.84	\$1,094.40	\$1,721.94	\$1,745.52	\$1,177.53	\$10,146.81	\$65.17	\$134,942.21
FIS	FLORIDA MEDICAID DME	\$21,337.64	\$11,505.93	\$904.69	\$689.58	\$134.70	\$10,727.30	\$19,527.03	\$64,826.87
HSLAD	HEALTHSPRING PART D LA	\$13,102.47	\$0.00	\$85.61	\$315.06	\$30.48	\$289.96	\$0.00	\$13,823.58
HUMFLD	HUMANA PART D FL	\$18,807.27	\$0.00	\$0.00	\$484.70	\$0.00	\$1,343.36	\$2,000.36	\$22,635.09
HUMLAD	HUMANA PART D LA	\$10,878.97	\$127.54	\$0.00	\$0.00	\$0.00	\$197.35	\$64.33	\$11,268.19
ILM	ILLINOIS MEDICAID	\$61,399.78	\$2,437.82	\$244.68	\$561.32	\$67.13	\$4,086.38	\$3,727.70	\$72,524.76
INM	INDIANA MEDICAID	\$146.24	\$0.00	\$30.00	\$0.00	\$0.00	\$152.49	\$542.99	\$871.72
LAM	LOUISIANA MEDICAID	\$68,523.02	\$3,701.01	\$2,803.72	\$1,958.81	\$2,062.93	\$18,499.40	\$12,752.54	\$110,301.43
MBC	MS BLUE CROSS LA/MS	\$615.31	\$26.10	\$239.90	\$0.00	\$0.00	\$81.56	\$153.70	\$1,116.57
MEDFLD	MEDCO PART D FL	\$1,526.84	\$0.00	\$0.00	\$0.00	\$20.20	\$0.00	\$0.00	\$1,547.04
MEDLAD	MEDCO PART D LA	\$11,649.33	\$0.00	\$3.58	\$374.37	\$7.56	\$842.07	\$76.96	\$12,953.87
MEMFLD	MEMBER HEALTH PART D	\$29,061.40	\$7.19	\$0.00	\$1,031.02	\$52.04	\$650.01	\$0.00	\$30,801.66
MEMLAD	MEMBER HEALTH PART D	\$46,670.15	\$128.26	\$487.72	\$39.76	\$1,164.77	\$282.55	\$0.00	\$48,773.21
MQNFLD	MARQUETTE NATL PART D F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61.10	\$645.01	\$706.11
MQNLAD	MARQUETTE NATL PART D L	\$4,483.15	\$728.76	\$0.00	\$109.63	\$0.00	\$134.38	\$2.31	\$5,458.23
MSM	MISSISSIPPI MEDICAID	\$18,914.91	\$189.68	\$598.34	\$1,048.25	\$1,067.76	\$7,115.03	\$5,923.46	\$94,853.43
MSS	MISSISSIPPI MED. SUPPLIES	\$12,779.55	\$3,556.23	\$4,461.50	\$4,403.77	\$3,295.68	\$33,386.60	\$9,718.38	\$71,601.71
NDCLAD	NDC PART D LA	\$0.00	\$0.00	\$0.00	\$0.00	\$31.62	\$0.00	\$0.00	\$31.62
OMN	OMNISYS-MEDICARE IL	\$19,772.38	\$3,213.53	\$833.35	\$2,468.26	\$2,242.38	\$12,812.97	\$4,609.36	\$45,952.23
PACFLD	PACIFICARE PART D FL	\$92,957.87	\$0.00	\$0.00	\$382.18	\$0.00	\$1,064.37	\$1,000.03	\$35,404.45
PACLAD	PACIFICARE PART D LA	\$33,538.61	\$289.30	\$44.09	\$0.00	\$464.38	\$644.68	\$162.74	\$35,143.80
PAOWFLD	PACIFICARE WRAP PART D L	\$2,452.58	\$0.00	\$0.00	\$94.21	\$20.95	\$77.68	\$384.81	\$3,030.23
PCF	AMERIGROUP FLORIDA-PCS	\$3,422.61	\$2,817.51	\$220.11	\$0.00	\$0.00	\$527.78	\$532.03	\$7,520.04
POSFLD	POS TEMP PAYMNT PART D	\$0.00	\$0.00	\$0.00	\$0.00	\$73.99	\$0.00	\$0.00	\$73.99
RXLAD	RX AMERICA PART D LA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$257.38	\$0.00	\$257.38
SILLAD	SILVERSSCRIPT PART D LA	\$32,772.80	\$2,467.97	\$0.00	\$6.09	\$30.49	\$515.37	\$326.29	\$36,119.01
TNM	TENNESSEE MEDICAID	\$1,442.35	\$27.55	\$82.05	\$0.00	\$27.19	\$1,088.81	\$321.27	\$2,989.22
UHCFL	UNITED HEALTHCARE FL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$155.99	\$0.00	\$155.99
UNIFLD	UNICARE PART D FL	\$18,446.76	\$3.53	\$407.91	\$544.47	\$26.17	\$1,783.95	\$1,782.34	\$22,995.13
UNILAD	UNICARE PART D LA	\$8,231.47	\$0.00	\$0.00	\$8.33	\$0.00	\$0.00	\$14.23	\$8,254.03
WLC	WELLCARE HEALTHEASE	\$2,716.47	\$1,062.83	\$0.00	\$0.00	\$4.04	\$933.51	\$1,187.92	\$5,904.77
WLGFLD	WELLCARE PART D FL	\$15,769.13	\$9,683.11	\$283.47	\$36.50	\$4.53	\$1,589.04	\$1,412.51	\$28,772.29

Prevalence Health - FLORIDA
2501 Davie Rd, #210
Davie FL 33317

Report	UPC0004 - Summary AR Report for Insurance
Report Date	Aug 31, 2009
Responsible Collector	None Defined
WC/AD	WELLCARE PART D LA
Current	\$687891
31-60	\$0.00
61-90	\$0.00
91-120	\$0.00
121-150	\$6285
151-360	\$16.00
360+	\$46178
Total	\$741954
Report Totals	\$893310.23

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period _____ to _____, 20____

INSURANCE SCHEDULE

Type	Carrier/Agent	Coverage (\$)	Date of Expiration	Premium Paid
Workers' Compensation	Arch Insurance	500,000	3/1/10	Yes
General Liability	Arch Specialty Insurance	3,000,000 Ag. 1,000,000 Occ.	3/1/10	Yes
Property (Fire, Theft)	Liberty Mutual Fire Ins.	4,250,000 B.I. 3,303,500 P.P.	3/1/10	Yes
Vehicle	Arch Specialty Insurance	1,000,000	3/1/10	Yes
Other (list):				
Crime	Westchester Fire Ins.	1,000,000	3/1/10	Yes
Directors + Officers	Darwin National Ins.	3,000,000	3/1/10	Yes

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

ACORD. CERTIFICATE OF LIABILITY INSURANCE			
			OP ID IS PREVA-1
			DATE (MM/DD/YYYY) 06/19/09
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. P. O. Box 16447 Jackson MS 39236-6447 Phone: 601-956-5810 Fax: 601-957-7098		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Prevalence Health, LLC 4270 I-55 North, Ste 102 Jackson MS 39211		INSURERS AFFORDING COVERAGE INSURER: Arch Specialty Insurance Co. 21199 INSURER: Darwin National Assurance Co. 16624 INSURER C: INSURER D: INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	RISK LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> LOC	FL2003074700	12/01/08	03/01/10	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 250,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 3,000,000
						EMP BEN.	1,000,000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE UNIT (Ex accident)	\$
						BOILY INJURY (Per person)	\$
						BOILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/BRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH- ER
		OTHER Directors&Officers	03042613	12/01/08	03/01/10	E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Certificate Holder is shown as an additional insured solely with respect to general liability and professional liability coverage as evidenced herein as required by written contract. (Form #02EGJ000300 02/07)							

CERTIFICATE HOLDER

CANCELLATION

MCAL000 Ronald H. McAlpin Assistant US Trustee 100 W Capitol Street, Ste 706 Jackson MS 39269	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.	
	10 DAYS WRITTEN	
		

ACORD CERTIFICATE OF PROPERTY INSURANCE						DATE (MM/DD/YY) 06/25/09				
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. P. O. Box 16447 Jackson MS 39236-6447 Rebecca B. Chandler Phone: 601-956-5810 Fax: 601-957-7098			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.							
			COMPANIES AFFORDING COVERAGE							
			COMPANY A Liberty Mutual Fire Insurance							
			COMPANY B Westchester Fire Ins. Co.							
			COMPANY C							
			COMPANY D							
COVERAGES										
<small>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</small>										
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS				
A	<input checked="" type="checkbox"/> PROPERTY	YU2L9L450864018	12/01/08	03/01/10	BUILDING	\$				
	<input type="checkbox"/> CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 3,303,500				
	<input type="checkbox"/> BASIC				<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 4,250,000				
	<input type="checkbox"/> BROAD				<input type="checkbox"/> EXTRA EXPENSE	\$				
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> BLANKET BUILDING	\$				
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET PERS PROP	\$				
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$				
	Replacement Cost	<input checked="" type="checkbox"/> Flood	\$ 1,000,000							
	24 Hour Waiting Period -	<input checked="" type="checkbox"/> Earth Movement	\$ 1,000,000							
	Interruption of service		\$							
	Including Equip Breakdown		\$							
	<input type="checkbox"/> INLAND MARINE					\$				
	<input type="checkbox"/> TYPE OF POLICY					\$				
	<input type="checkbox"/> CAUSES OF LOSS					\$				
	<input type="checkbox"/> NAMED PERILS					\$				
	<input type="checkbox"/> OTHER					\$				
	<input checked="" type="checkbox"/> B				CRIME	BMI20061594	12/01/08	03/01/10	Employee Theft	\$ 1,000,000
					<input type="checkbox"/> TYPE OF POLICY				<input checked="" type="checkbox"/> Retention	\$ 10,000
	Crime		\$							
	<input type="checkbox"/> BOILER & MACHINERY		\$							
	<input type="checkbox"/> OTHER		\$							
LOCATION OF PREMISES/DESCRIPTION OF PROPERTY										
SPECIAL CONDITIONS/OTHER COVERAGES Deductibles: All other perils - \$10,000; Earth Movement \$100,000 for New Madrid / \$50,000 for all other locations; Flood \$50,000; \$50,000 Named Storm for Zachary, LA location only; 5 th Named Storm for Florida locations										
CERTIFICATE HOLDER			CANCELLATION							
Ronald H. McAlpin Assistant US Trustee 100 W Capitol Street, Ste 706 Jackson MS 39269			MCAL000 <small>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.</small>							
										

NOTE PAD

HOLDER CODE: 10000000000000000000000000000000
INSURED'S NAME: 10000000000000000000000000000000
PRIVACY LEVEL: 00000000000000000000000000000000
OPID: 10000000000000000000000000000000
DATE: 09/24/2009

Certificate holder is shown as a loss payee solely with respect to
property coverage as evidenced herein as required by written contract per
form RM1102 03/08.

Prevalence Health, LLC

Reconciliation Summary - 1001 Regions
As of 8/31/2009

ID	Balance
Reconciled	
Cleared Deposits and Other Credits	993,283.69
Cleared Checks and Payments	(1,076,208.41)
Total - Reconciled	(82,924.72)
Last Reconciled Statement Balance - 7/31/2009	503,388.82
Current Reconciled Balance	420,464.10
Reconcile Statement Balance - 8/31/2009	420,464.10
Difference	0.00
Unreconciled	
Uncleared	
Checks and Payments	(15,358.26)
Total - Uncleared	(15,358.26)
Cleared	
Deposits and Other Credits	1,577.64
Total - Cleared	1,577.64
Total as of 8/31/2009	406,683.48

MSC D.fl.

< \$1.00 >

406,632

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Prevalence Health, LLC

Reconciliation Detail - 1001 Regions

As of 8/31/2009

ID	Date	No.	Balance
Reconciled			
Cleared Deposits and Other Credits			
Journal	7/6/2009	809	11,103.57
Journal	7/6/2009	810	143.95
Journal	7/15/2009	834	3,160.00
Deposit	8/3/2009		40.00
Deposit	8/3/2009		15,126.00
Deposit	8/3/2009		526.88
Deposit	8/3/2009		5.71
Deposit	8/4/2009		35,989.13
Deposit	8/4/2009		10.00
Deposit	8/4/2009		727.87
Deposit	8/4/2009		3,735.09
Deposit	8/4/2009		24,792.08
Deposit	8/4/2009		18,043.81
Deposit	8/4/2009		277.60
Deposit	8/5/2009		366.12
Deposit	8/5/2009		21.00
Deposit	8/5/2009		118.83
Deposit	8/5/2009		41,001.52
Deposit	8/6/2009		264.67
Deposit	8/6/2009		20,928.00
Deposit	8/6/2009		658.23
Deposit	8/6/2009		402.96
Deposit	8/6/2009		3,797.22
Deposit	8/6/2009		98,057.11
Deposit	8/7/2009		25,726.50
Deposit	8/7/2009		158.40
Deposit	8/10/2009		1,094.29
Deposit	8/10/2009		316.01
Deposit	8/11/2009		45,490.83
Deposit	8/11/2009		3.00
Deposit	8/11/2009		173.58
Deposit	8/11/2009		64,575.67
Deposit	8/12/2009		209.40
Deposit	8/12/2009		350.19
Deposit	8/12/2009		183.50
Deposit	8/12/2009		26,570.83
Deposit	8/12/2009		605.39
Deposit	8/13/2009		23,406.10
Deposit	8/13/2009		4,101.94
Deposit	8/13/2009		37,393.47
Deposit	8/13/2009		2,417.89
Deposit	8/13/2009		10.19
Deposit	8/13/2009		85,553.52
Deposit	8/13/2009		292.61
Deposit	8/14/2009		9.74
Deposit	8/14/2009		400.00
Deposit	8/14/2009		2.40
Deposit	8/17/2009		1,324.71
Deposit	8/17/2009		262.34
Deposit	8/17/2009		17,101.01
Deposit	8/17/2009		444.34

ID	Date	No.	Balance
Deposit	8/17/2009		416.11
Deposit	8/17/2009		7,251.10
Deposit	8/18/2009		24,660.48
Deposit	8/18/2009		386.08
Deposit	8/18/2009		15,241.72
Deposit	8/18/2009		52,062.44
Deposit	8/18/2009		4,481.73
Deposit	8/18/2009		54.00
Deposit	8/19/2009		14,506.44
Deposit	8/19/2009		12.99
Deposit	8/19/2009		30,184.81
Deposit	8/19/2009		15.52
Deposit	8/19/2009		809.70
Deposit	8/19/2009		20.00
Deposit	8/20/2009		19,737.89
Deposit	8/20/2009		280.92
Deposit	8/20/2009		92.81
Deposit	8/20/2009		3,152.06
Deposit	8/20/2009		1,842.74
Deposit	8/21/2009		40.00
Deposit	8/24/2009		873.99
Deposit	8/24/2009		74.75
Deposit	8/24/2009		30.38
Deposit	8/25/2009		7,271.17
Deposit	8/25/2009		57.30
Deposit	8/25/2009		48.40
Deposit	8/25/2009		73.10
Deposit	8/25/2009		461.64
Deposit	8/25/2009		96,111.12
Deposit	8/26/2009		134.86
Deposit	8/26/2009		1,458.05
Deposit	8/26/2009		35.94
Deposit	8/26/2009		35,240.10
Deposit	8/26/2009		41.00
Deposit	8/27/2009		19,267.88
Deposit	8/27/2009		13,989.28
Deposit	8/27/2009		355.85
Deposit	8/27/2009		93.10
Deposit	8/27/2009		7,439.69
Deposit	8/27/2009		433.93
Deposit	8/27/2009		4,506.32
Deposit	8/28/2009		11,237.86
Deposit	8/28/2009		500.31
Deposit	8/31/2009		20.00
Deposit	8/31/2009		420.69
Deposit	8/31/2009		382.24
Total - Cleared Deposits and Other Credits			993,283.69
Cleared Checks and Payments			
Bill Payment	7/6/2009	61112	(3,160.00)
Bill Payment	7/6/2009	61123	(11,103.57)
Bill Payment	7/6/2009	61104	(143.95)
Bill Payment	7/20/2009	61178	(14.00)
Bill Payment	7/20/2009	61169	(1,386.78)
Bill Payment	7/27/2009	61193	(143.95)
Bill Payment	7/27/2009	61197	(85.86)
Bill Payment	7/27/2009	61198	(1,579.44)
Check	8/3/2009	Wire 8 3 2009	(68,065.52)
Bill Payment	8/3/2009	61200	(434.75)

ID	Date	No.	Balance
Bill Payment	8/3/2009	61203	(8,096.00)
Bill Payment	8/3/2009	Wire 8 3 09	(10,806.41)
Bill Payment	8/3/2009	61201	(484.58)
Bill Payment	8/3/2009	61202	(3,125.00)
Check	8/4/2009	Wire 8 4 09	(15.00)
Check	8/4/2009	Wire 8 4 09	(63,522.62)
Check	8/4/2009	Wire 8 4 09	(55.00)
Check	8/4/2009	Wire 8 4 09	(17.04)
Check	8/4/2009		(163.36)
Bill Payment	8/4/2009	61206	(99.00)
Bill Payment	8/4/2009	61211	(287.14)
Bill Payment	8/4/2009	61217	(381.79)
Bill Payment	8/4/2009	61215	(12,843.54)
Bill Payment	8/4/2009	61210	(1,572.17)
Bill Payment	8/4/2009	61214	(46.08)
Bill Payment	8/4/2009	61208	(115.80)
Bill Payment	8/4/2009	61212	(1,921.42)
Bill Payment	8/4/2009	61209	(3,391.05)
Bill Payment	8/4/2009	61213	(2,141.43)
Bill Payment	8/4/2009	61205	(1,150.15)
Bill Payment	8/4/2009	61216	(203.69)
Bill Payment	8/4/2009	61207	(70.00)
Bill Payment	8/4/2009	61204	(1,008.87)
Check	8/5/2009	Wire 8 5 09	(74,466.31)
Check	8/5/2009	Wire 8 5 09	(200.00)
Bill Payment	8/5/2009	eft080609	(544.36)
Check	8/6/2009	Wire 8 6 09	(36,466.00)
Bill Payment	8/6/2009	61222	(9,375.00)
Bill Payment	8/6/2009	61221	(385.75)
Bill Payment	8/6/2009	61219	(177.40)
Bill Payment	8/6/2009	61223	(53.90)
Bill Payment	8/6/2009	61220	(11.10)
Check	8/7/2009	wire 8 7 09	(40,267.91)
Check	8/10/2009	Wire 8 10 09	(699.62)
Check	8/10/2009	Wire 8 10 2009	(59,557.29)
Bill Payment	8/10/2009	61235	(6,154.82)
Bill Payment	8/10/2009	61230	(52.95)
Bill Payment	8/10/2009	61233	(48.00)
Bill Payment	8/10/2009	61232	(7,737.50)
Bill Payment	8/10/2009	61228	(66.00)
Bill Payment	8/10/2009	61231	(1,300.00)
Bill Payment	8/10/2009	61234	(2,820.65)
Bill Payment	8/10/2009	61226	(185.51)
Bill Payment	8/10/2009	61229	(15.75)
Bill Payment	8/10/2009	61227	(624.56)
Bill Payment	8/10/2009	61225	(353.30)
Check	8/11/2009	Wire 8 11 09	(29,986.05)
Bill Payment	8/11/2009	Wire 8/7/09	(2,569.00)
Check	8/12/2009	Wire 8 12 09	(31,408.75)
Check	8/13/2009	Wire 8 13 2009	(200.00)
Bill Payment	8/13/2009	Wire 8 13 2009	(44,699.22)
Check	8/13/2009	Wire 8 12 2009	(4,680.00)
Bill Payment	8/14/2009	Wire 8 14 09	(19,699.92)
Check	8/14/2009	61237	(3,150.00)
Bill Payment	8/17/2009	Wire 8 17 09	(6,630.57)
Check	8/18/2009	Wire 8 18 09	(26,233.12)
Bill Payment	8/18/2009	61253	(2,050.00)
Bill Payment	8/18/2009	61252	(2,979.21)

ID	Date	No.	Balance
Bill Payment	8/18/2009	61249	(82.09)
Bill Payment	8/18/2009	61250	(1,330.98)
Bill Payment	8/18/2009	61242	(16.98)
Bill Payment	8/18/2009	61245	(8,073.48)
Bill Payment	8/18/2009	61251	(138.24)
Bill Payment	8/18/2009	61240	(2,405.51)
Bill Payment	8/18/2009	61254	(531.60)
Bill Payment	8/18/2009	61243	(201.29)
Bill Payment	8/18/2009	61246	(1,682.66)
Bill Payment	8/18/2009	61239	(9.81)
Bill Payment	8/18/2009	61241	(116.52)
Bill Payment	8/18/2009	61244	(2,170.75)
Bill Payment	8/18/2009	61238	(146.41)
Bill Payment	8/18/2009	61247	(44.04)
Bill Payment	8/18/2009	61248	(569.00)
Bill Payment	8/18/2009	wire 8 18 09	(1,311.54)
Check	8/19/2009	Wire 8 19 09	(19,148.32)
Bill Payment	8/19/2009	Wire 8 19 09	(7,250.44)
Bill Payment	8/19/2009	61236- By phone	(426.58)
Bill Payment	8/19/2009	61256	(1.85)
Bill Payment	8/19/2009	61255	(23.90)
Bill Payment	8/19/2009	61257	(806.39)
Check	8/20/2009	Wire 8 20 09	(13,221.48)
Bill Payment	8/20/2009	Wire 8/19/09	(4,572.00)
Check	8/21/2009	wire 8 21 09	(200.00)
Check	8/21/2009	Wire 8 21 09	(18,027.90)
Check	8/24/2009	wire 8 24 09	(43,669.79)
Check	8/24/2009	Wire 8 24 09	(1,000.00)
Bill Payment	8/24/2009	61271	(9,535.57)
Bill Payment	8/24/2009	61269	(42.09)
Bill Payment	8/24/2009	61260	(400.00)
Bill Payment	8/24/2009	61261	(1,729.72)
Bill Payment	8/24/2009	61265	(986.30)
Bill Payment	8/24/2009	61258	(210.00)
Bill Payment	8/24/2009	61263	(72.23)
Bill Payment	8/24/2009	61259	(877.00)
Bill Payment	8/24/2009	61266	(55.72)
Bill Payment	8/24/2009	61270	(1,087.92)
Bill Payment	8/24/2009	61268	(85.86)
Bill Payment	8/24/2009	61264	(66.00)
Bill Payment	8/24/2009	61262	(571.00)
Check	8/25/2009	Wire 8 25 09	(53,395.77)
Bill Payment	8/25/2009	61273	(11,332.43)
Check	8/26/2009	wire 8 26 09	(55,553.86)
Check	8/27/2009	Wire 8 27 09	(20,179.71)
Bill Payment	8/27/2009	Wire 8/27/09	(9,196.32)
Bill Payment	8/27/2009	61275 by phone	(551.02)
Check	8/28/2009	Wire 8 28 09	(39,014.55)
Bill Payment	8/28/2009	61277	(2,250.00)
Check	8/31/2009	Wire 8 31 2009	(34,563.35)
Journal	8/31/2009	858	(7,513.36)
Journal	8/31/2009	855	(84,017.10)
Bill Payment	8/31/2009	61276	(486.75)
Bill Payment	8/31/2009	Wire 8/31/09	(1,770.75)

Total - Cleared Checks and Payments

(1,076,208.41)

Total - Reconciled

(82,924.72)

Last Reconciled Statement Balance - 7/31/2009

503,388.82

Current Reconciled Balance

420,464.10

ID	Date	No.	Balance
Reconcile Statement Balance - 8/31/2009			420,464.10
Difference			0.00
Unreconciled			
Uncleared			
Checks and Payments			
Bill Payment	12/29/2008	60354	(500.00)
Bill Payment	1/5/2009	60429	(564.00)
Bill Payment	3/4/2009	60694	(658.40)
Bill Payment	3/9/2009	60704	(309.37)
Bill Payment	4/7/2009	60814	(300.00)
Check	5/22/2009	eft 05 22 09	(200.00)
Bill Payment	5/26/2009	61018	(54.00)
Bill Payment	6/5/2009	61061	(18.90)
Bill Payment	6/9/2009	61063	(770.00)
Bill Payment	7/20/2009	61162	(160.02)
Bill Payment	8/24/2009	61267	(966.02)
Bill Payment	8/26/2009	61274	(572.77)
Bill Payment	8/31/2009	61278	(1,150.15)
Bill Payment	8/31/2009	61284	(1,579.44)
Bill Payment	8/31/2009	61286	(180.00)
Bill Payment	8/31/2009	61283	(148.81)
Bill Payment	8/31/2009	61282	(104.00)
Bill Payment	8/31/2009	61285	(6,898.38)
Bill Payment	8/31/2009	61279	(99.00)
Bill Payment	8/31/2009	61281	(55.00)
Bill Payment	8/31/2009	61280	(70.00)
Total - Checks and Payments			(15,358.26)
Total - Cleared			(15,358.26)
Cleared			
Deposits and Other Credits			
Journal	12/31/2007		1,577.64
Total - Deposits and Other Credits			1,577.64
Total - Cleared			1,577.64
Total as of 8/31/2009			406,683.48

Jackson 210 E Capitol ST Main
 210 East Capitol Street
 Jackson, MS 39201



00102802 02 AT 0.482 002
 PREVALENCE HEALTH LLC
 PO BOX 12648
 JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle	001
Enclosures	27
Page	92
	1 of 12

COMMERCIAL ANALYZED CHECKING

August 1, 2009 through August 31, 2009

SUMMARY

Beginning Balance	\$503,388.82	Minimum Balance	\$392,088
Deposits & Credits	\$979,076.17	+	40.00
Withdrawals	\$909,376.75	-	15,326.00
Fees	\$699.62	-	5.71
Automatic Transfers	\$0.00	+	35,989.13
Checks			727.87
Ending Balance	\$151,924.52	-	277.60
	\$420,464.10		

DEPOSITS & CREDITS

08/03	Deposit - Thank You	526.88
08/03	Deposit - Thank You	40.00
08/03	Regions Bank Acct Trans MS364174656 Ccooley	15,326.00
08/03	State of III Commercial 0006Prevalence Ah3898434002147	5.71
08/04	Deposit - Thank You	35,989.13
08/04	Deposit - Thank You	727.87
08/04	Deposit - Thank You	277.60
08/04	Memberhealth Cln Payment Tedsmeds.Recei 2127793	24,792.08
08/04	State of III Commercial 0006Prevalence Ah3910061000971	18,043.81
08/04	Memberhealth Cln Payment Tedsmeds.Recei 2125839	3,735.09
08/04	Merchant Service Merch Dep Health Allianc 8003547554	10.00
08/05	Deposit - Thank You	21.00
08/05	Unisys Corp Payment-LA Prevalence Hea 00234061060235	41,001.52
08/05	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	366.12
08/05	Merchant Service Merch Dep Health Allianc 8003547554	118.83
08/06	Deposit - Thank You	3,797.22
08/06	Deposit - Thank You	402.96
08/06	State of Florida Medicaid Prevalence Hea 022400600	98,057.11
08/06	Regions Bank Acct Trans MS364174656 Ccooley	20,928.00
08/06	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	658.23
08/06	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949090801	264.67
08/07	Deposit - Thank You	25,726.50
08/07	Deposit - Thank You	158.40
08/10	Deposit - Thank You	1,094.29
08/10	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	316.01
08/11	Deposit - Thank You	45,490.83
08/11	Deposit - Thank You	173.58
08/11	Unisys Corp Payment-LA Prevalence Hea 00234061061173	64,575.67
08/11	Merchant Service Merch Dep Health Allianc 8003547554	3.00
08/12	Deposit - Thank You	26,570.83
08/12	Deposit - Thank You	209.40
08/12	Deposit - Thank You	183.50
08/12	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	605.39
08/12	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	350.19



Jackson 210 E Capitol ST Main
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PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle	001
Enclosures	27
Page	92
	2 of 12

DEPOSITS & CREDITS (CONTINUED)

08/13	Deposit - Thank You	23,406.10
08/13	Regions Bank Acct Trans MS364174656 Ccooley	85,553.52
08/13	State of Florida Medicaid Prevalence Hea 022400600	37,393.47
08/13	State of Florida Medicaid Prevalence Hea 022400601	4,101.94
08/13	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949090808	2,417.89
08/13	Merchant Service Merch Dep Health Allianc 8003547554	292.61
08/13	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00330698090808	10.19
08/13	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	9.74
08/14	Deposit - Thank You	1,324.71
08/14	Regions Bank Acct Trans MS364174656 Ccooley	400.00
08/14	State of III Commercial 0006Prevalence Ah4034742001951	2.40
08/17	State of III Commercial 0006Prevalence Ah4075206004128	17,101.01
08/17	State of III Commercial 0006Prevalence Ah4075206004130	7,251.10
08/17	State of III Commercial 0006Prevalence Ah4075206004129	444.34
08/17	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	416.11
08/17	State of III Commercial 0006Prevalence Ah4075206004131	262.34
08/18	Deposit - Thank You	52,062.44
08/18	Deposit - Thank You	54.00
08/18	Memberhealth Clin Payment Tedsmeds.Recei 2136435	24,660.48
08/18	State of III Commercial 0006Prevalence Ah4116412009261	15,241.72
08/18	Memberhealth Clin Payment Tedsmeds.Recei 2134768	4,481.73
08/18	State of III Commercial 0006Prevalence Ah4116412009260	386.08
08/19	Deposit - Thank You	14,506.44
08/19	Deposit - Thank You	15.52
08/19	Unisys Corp Payment-LA Prevalence Hea 00234061062006	30,184.81
08/19	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	809.70
08/19	Merchant Service Merch Dep Health Allianc 8003547554	20.00
08/19	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	12.99
08/20	Deposit - Thank You	1,842.74
08/20	Deposit - Thank You	280.92
08/20	Regions Bank Acct Trans MS364174656 Ccooley	19,737.89
08/20	State of Florida Medicaid Prevalence Hea 022400601	3,152.06
08/20	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00330698090815	92.81
08/21	Merchant Service Merch Dep Health Allianc 8003547554	40.00
08/24	Deposit - Thank You	873.99
08/24	Deposit - Thank You	74.75
08/24	Deposit - Thank You	30.38
08/25	Deposit - Thank You	96,111.12
08/25	Deposit - Thank You	57.30
08/25	Deposit - Thank You	48.40
08/25	State of III Commercial 0006Prevalence Ah4244098002232	7,271.17
08/25	State of III Commercial 0006Prevalence Ah4244098002231	461.64
08/25	Merchant Service Merch Dep Health Allianc 8003547554	73.10
08/26	Deposit - Thank You	134.86
08/26	Deposit - Thank You	41.00
08/26	Unisys Corp Payment-LA Prevalence Hea 00234061062991	35,240.10
08/26	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	1,458.05
08/26	Merchant Service Merch Dep Health Allianc 8003547554	35.94
08/27	Deposit - Thank You	7,439.69
08/27	Deposit - Thank You	355.85



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ACCOUNT # 9001277993

Cycle	001
Enclosures	27
Page	92
	3 of 12

DEPOSITS & CREDITS (CONTINUED)

08/27	Regions Bank Acct Trans MS364174656 Ccooley	19,267.88
08/27	State of Florida Medicaid Prevalence Hea 022400601	13,989.28
08/27	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949090822	4,506.32
08/27	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	433.93
08/27	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00330698090822	93.10
08/28	Deposit - Thank You	11,237.86
08/28	Deposit - Thank You	500.31
08/31	Deposit - Thank You	420.69
08/31	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	382.24
08/31	Merchant Service Merch Dep Health Allianc 8003547554	20.00
	Total Deposits & Credits	\$979,076.17

WITHDRAWALS

08/03	Wire Transfer American Recie	68,065.52
08/03	Regions Bank Acct Trans MS364174656 Ccooley	200.00
08/03	Blue Cross of MS Insur Prem Prevalence Hol 0041599	10,806.41
08/03	Staples Quill CO Echeck Roland Ray 1155763902	484.58
08/04	Wire Transfer American Recie	63,522.62
08/04	Bank Debit	163.15
08/04	Merchant Service Merch Fee Health Allianc 8003547554	55.00
08/04	Cardinal Health Prevalence Prevalence Hea 26 683937	17.04
08/04	Pitney Bowes Postage Prevalence Hea 37069390	15.00
08/05	Wire Transfer American Recie	74,466.31
08/05	Pitney Bowes Postage Prevalence Hea 42906255	200.00
08/06	Wire Transfer American Recie	36,466.21
08/06	Qsa -- Standard Leasingsrv Holtstacey Qdsqsa000161915	544.36
08/07	Wire Transfer American Recie	40,267.91
08/07	Wire Transfer Emily Corp	2,569.00
08/07	Staples Quill CO Echeck cooley 1155840422	53.90
08/10	Wire Transfer American Recie	59,557.29
08/11	Wire Transfer American Recie	29,986.05
08/12	Wire Transfer American Recie	31,408.75
08/12	Wire Transfer Home Diagnosi	4,680.00
08/13	Wire Transfer American Recie	44,699.22
08/13	Pay Systems of A 6207 Payrl Prevalence Hea 6207 6207	22,714.26
08/13	Pitney Bowes Postage Prevalence Hea 42906255	200.00
08/14	Wire Transfer American Recie	19,699.92
08/14	Pay Systems of A Tax Col Health Allianc	11,355.90
08/17	Wire Transfer American Recie	6,630.57
08/18	Wire Transfer American Recie	26,233.12
08/18	Wire Transfer Bayer Healthca	4,572.00
08/18	Wire Transfer Moore Wallace	1,311.54
08/19	Wire Transfer American Recie	19,148.32
08/20	Wire Transfer American Recie	13,221.48
08/20	American Express Elec Remit Stacey L Holt 090819060776737	7,250.44
08/21	Wire Transfer American Recie	18,027.90
08/21	Pitney Bowes Postage Prevalence Hea 42906255	200.00



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ACCOUNT # 9001277993

Cycle	001
Enclosures	27
Page	92
	4 of 12

WITHDRAWALS (CONTINUED)

08/24	Wire Transfer American Recie	43,669.79
08/24	Pitney Bowes Postedge Bonnie Savoie 37968013	1,000.00
08/25	Wire Transfer American Recie	53,395.77
08/26	Wire Transfer American Recie	55,553.86
08/27	Wire Transfer American Recie	20,179.71
08/27	Wire Transfer Bayer Corporat	9,196.32
08/27	Pay Systems of A 6207 Payrl Prevalence Hea 6207 6207	21,103.77
08/28	Wire Transfer American Recie	39,014.55
08/28	Pay Systems of A Tax Col Health Allianc	10,584.09
08/28	Staples Quill CO Echeck cooley 1156097112	551.02
08/31	Wire Transfer American Recie	34,563.35
08/31	Wire Transfer Emily Corp	1,770.75
Total Withdrawals		\$909,376.75

FEES

08/10	Analysis Charge	07-09	699.62
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CHECKS

Date	Check No.	Amount	Date	Check No.	Amount
08/05	61169	1,386.78	08/13	61221	385.75
08/10	61178 *	14.00	08/11	61222	9,375.00
08/03	61193 *	143.95	08/11	61225 *	353.30
08/03	61197 *	85.86	08/18	61226	185.51
08/03	61198	1,579.44	08/18	61227	624.56
08/03	61200 *	434.75	08/17	61228	66.00
08/06	61202 *	3,125.00	08/19	61229	15.75
08/06	61203	8,096.00	08/17	61230	52.95
08/12	61204	1,008.87	08/19	61231	1,300.00
08/10	61205	1,150.15	08/18	61232	7,737.50
08/10	61206	99.00	08/28	61233	48.00
08/10	61207	70.00	08/17	61234	2,820.65
08/07	61208	115.80	08/12	61235	6,154.82
08/10	61209	3,391.05	08/18	61236	426.58
08/10	61210	1,572.17	08/17	61237	3,150.00
08/13	61211	287.14	08/31	61238	146.41
08/10	61212	1,921.42	08/26	61239	9.81
08/10	61213	2,141.43	08/24	61240	2,405.51
08/11	61214	46.08	08/24	61241	116.52
08/06	61215	12,843.54	08/26	61242	16.98
08/10	61216	203.69	08/24	61243	201.29
08/11	61217	381.79	08/24	61244	2,170.75
08/13	61219 *	177.40	08/24	61245	8,073.48
08/13	61220	11.10	08/25	61246	1,682.66

Jackson 210 E Capitol ST Main
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1

ACCOUNT # 9001277993

Cycle	001
Enclosures	27
Page	92
	5 of 12

CHECKS (CONTINUED)

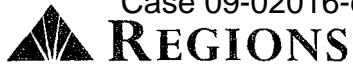
Date	Check No.	Amount	Date	Check No.	Amount
08/25	61247	44.04	08/27	61270	1,087.92
08/26	61248	569.00	08/31	61271	9,535.57
08/25	61249	82.09	08/28	61273 *	11,332.43
08/24	61250	1,330.98	08/31	61276 *	486.75
08/27	61251	138.24	08/31	61277	2,250.00
08/21	61252	2,979.21	08/03	910480 *	2,669.90
08/24	61253	2,050.00	08/25	910485 *	380.35
08/18	61254	531.60	08/25	910486	774.71
08/24	61255	23.90	08/19	910487	2,683.90
08/31	61256	1.85	08/03	910488	3,217.12
08/25	61257	806.39	08/03	910489	680.18
08/27	61258	210.00	08/04	910490	589.85
08/31	61259	877.00	08/24	910492 *	2,683.90
08/27	61260	400.00	08/17	910493	4,048.38
08/31	61261	1,729.72	08/20	910494	836.62
08/26	61262	571.00	08/17	910495	850.59
08/27	61263	72.23	08/17	910496	548.35
08/31	61264	66.00	08/14	910497	284.34
08/28	61265	986.30	08/31	910499 *	4,048.38
08/28	61266	55.72	08/28	910501 *	894.69
08/28	61268 *	85.86	08/31	910502	581.18
08/28	61269	42.09			

Total Checks \$151,924.52

* Break In Check Number Sequence.

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
08/03	430,919.70	08/12	446,856.58	08/21	569,557.83
08/04	450,132.62	08/13	531,567.17	08/24	506,810.83
08/05	415,587.00	08/14	501,954.12	08/25	553,667.55
08/06	478,620.08	08/17	509,261.53	08/26	533,856.85
08/07	461,498.37	08/18	564,525.57	08/27	527,554.71
08/10	392,088.85	08/19	586,927.06	08/28	475,698.13
08/11	462,189.71	08/20	590,724.94	08/31	420,464.10



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ACCOUNT # 9001277993

Cycle	001
Enclosures	27
Page	92
	6 of 12

**NEW DEPOSIT AGREEMENT AND DEBIT/CHECK
CARD TERMS ARE IN EFFECT AS OF
AUGUST 5, 2009. CHANGES INCLUDE FEWER
TRANSACTION LIMITATIONS ON MONEY MARKET
AND SAVINGS ACCOUNTS. PLEASE GO TO
REGIONS.COM/AGREEMENTS, VISIT ANY
REGIONS BRANCH OR CALL 1-800-REGIONS FOR
DETAILS ABOUT THE NEW TERMS.**

For all your banking needs, please call 1-800-REGIONS.
or visit us on the Internet at www.regions.com.

Thank You For Banking With Regions!



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Page 7 of 12

Check# 61169 08/05/2009 \$1386.78

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POLICE: 65305902C #9001277993# 70000138678#

Check# 61178 08/10/2009 \$14.00

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MISL 800-00445
4/13/09 1/10
DOLLARS 0.14
Merry Performance
#061178# 6055305902C #9001277993# 7000001400#

Check# 61193 08/03/2009 \$143.95

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#061193# 6055305902C #9001277993# 70000014395#

Check# 61197 08/03/2009 \$85.86

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#061197# 6055305902C #9001277993# 7000008586#

Check# 61198 08/03/2009 \$1579.44

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#061198# 6055305902C #9001277993# 700000157944#

Check# 61200 08/03/2009 \$434.75

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6/31/2009
\$434.75
#061200# 6055305902C #9001277993# 70000043475#

Check# 61202 08/06/2009 \$3125.00

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#061202# 6055305902C #9001277993# 70000031250#

Check# 61203 08/06/2009 \$8096.00

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#061203# 6055305902C #9001277993# 700000080960#

Check# 61204 08/12/2009 \$1008.87

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#061204# 6055305902C #9001277993# 700000100887#

Check# 61205 08/10/2009 \$1150.15

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#061205# 6055305902C #9001277993# 700000115015#

Check# 61206 08/10/2009 \$99.00

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Check# 61207 08/10/2009 \$70.00

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Check# 61208 08/07/2009 \$115.80

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#061208# 6055305902C #9001277993# 70000011580#

Check# 61209 08/10/2009 \$3391.05

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Check# 61210 08/10/2009 \$1572.17

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#061210# 6055305902C #9001277993# 700000157217#

Check# 61211 08/13/2009 \$287.14

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#061211# 6055305902C #9001277993# 70000028714#

Check# 61212 08/10/2009 \$1921.42

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#061212# 6055305902C #9001277993# 700000192142#

Check# 61213 08/10/2009 \$2141.43

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#061213# 6055305902C #9001277993# 700000214143#

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Page 9 of 12

Check# 61235 08/12/2009 \$6154.82

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4001277993# 9001277993# 61235

Check# 61236 08/18/2009 \$426.58

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Check# 61237 08/17/2009 \$3150.00

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61237
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Check# 61238 08/31/2009 \$146.41

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61238
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4001277993# 9001277993# 61238

Check# 61239 08/26/2009 \$9.81

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Check# 61240 08/24/2009 \$2405.51

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61240
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4001277993# 9001277993# 61240

Check# 61241 08/24/2009 \$116.52

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61241
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4001277993# 9001277993# 61241

Check# 61242 08/26/2009 \$16.98

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61242
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4001277993# 9001277993# 61242

Check# 61243 08/24/2009 \$201.29

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61243
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Check# 61244 08/24/2009 \$2170.75

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Check# 61245 08/24/2009 \$8073.48

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Check# 61246 08/25/2009 \$1682.66

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Check# 61247 08/25/2009 \$44.04

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Check# 61248 08/26/2009 \$569.00

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Check# 61249 08/25/2009 \$82.09

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61249
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4001277993# 9001277993# 61249

Check# 61250 08/24/2009 \$1330.98

This is a LEGAL COPY of
 your check. You can use it
 to pay debts or to prove
 you wrote the check.

61250
 PREVALENCE HEALTH LLC
 PO BOX 12648
 JACKSON MS 39236-2648

4001277993# 9001277993# 61250

Check# 61251 08/27/2009 \$138.24

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 your check. You can use it
 to pay debts or to prove
 you wrote the check.

61251
 PREVALENCE HEALTH LLC
 PO BOX 12648
 JACKSON MS 39236-2648

4001277993# 9001277993# 61251

Check# 61252 08/21/2009 \$2979.21

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 your check. You can use it
 to pay debts or to prove
 you wrote the check.

61252
 PREVALENCE HEALTH LLC
 PO BOX 12648
 JACKSON MS 39236-2648

4001277993# 9001277993# 61252



Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Page 10 of 12

Check# 61253 08/24/2009 \$2050.00

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08/24/2009 08:40:00 AM
08/24/2009

Prevalence Health LLC
PO Box 12648
Jackson, MS 39236-2648

POLYMER CONVERSERS PROGRESSIVE

5

0061253# 4065305902C 9001277993# 0000005160/

Check# 61254 08/18/2009 \$531.60

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check number 61254.
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POLYMER CONVERSERS PROGRESSIVE

1

0061254# 4065305902C 9001277993# 0000005160/

Check# 61255 08/24/2009 \$23.90

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POLYMER CONVERSERS PROGRESSIVE

1

0061255# 4065305902C 9001277993# 0000005160/

Check# 61256 08/31/2009 \$1.85

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check number 61256.
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08/31/2009

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PO Box 12648
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POLYMER CONVERSERS PROGRESSIVE

1

0061256# 4065305902C 9001277993# 0000000185/

Check# 61257 08/25/2009 \$806.39

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check number 61257.
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08/25/2009

Prevalence Health, LLC
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POLYMER CONVERSERS PROGRESSIVE

20

0061257# 4065305902C 9001277993# 00000080639/

Check# 61258 08/27/2009 \$210.00

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check number 61258.
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08/27/2009

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POLYMER CONVERSERS PROGRESSIVE

1

0061258# 4065305902C 9001277993# 0000000210/

Check# 61259 08/31/2009 \$877.00

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check number 61259.
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08/31/2009

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POLYMER CONVERSERS PROGRESSIVE

1

0061259# 4065305902C 9001277993# 0000008770/

Check# 61260 08/27/2009 \$400.00

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POLYMER CONVERSERS PROGRESSIVE

1

0061260# 4065305902C 9001277993# 0000004000/

Check# 61261 08/31/2009 \$1729.72

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check number 61261.
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08/31/2009

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POLYMER CONVERSERS PROGRESSIVE

1

0061261# 4065305902C 9001277993# 000000172972/

Check# 61262 08/26/2009 \$571.00

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check number 61262.
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POLYMER CONVERSERS PROGRESSIVE

1

0061262# 4065305902C 9001277993# 0000005710/

Check# 61263 08/27/2009 \$72.23

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check number 61263.
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08/27/2009

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POLYMER CONVERSERS PROGRESSIVE

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0061263# 4065305902C 9001277993# 00000007223/

Check# 61264 08/31/2009 \$66.00

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check number 61264.
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08/31/2009

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POLYMER CONVERSERS PROGRESSIVE

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0061264# 4065305902C 9001277993# 00000006600/

Check# 61265 08/28/2009 \$986.30

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check number 61265.
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08/28/2009

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POLYMER CONVERSERS PROGRESSIVE

1

0061265# 4065305902C 9001277993# 00000098630/

Check# 61266 08/28/2009 \$55.72

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check number 61266.
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08/28/2009

Prevalence Health, LLC
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POLYMER CONVERSERS PROGRESSIVE

1

0061266# 4065305902C 9001277993# 0000005572/

Check# 61267 08/28/2009 \$85.86

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check number 61267.
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at Regions Bank.

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08/28/2009

Prevalence Health, LLC
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Jackson, MS 39236-2648

POLYMER CONVERSERS PROGRESSIVE

1

0061267# 4065305902C 9001277993# 0000008586/

Check# 61268 08/28/2009 \$42.09

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check number 61268.
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08/28/2009

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POLYMER CONVERSERS PROGRESSIVE

1

0061268# 4065305902C 9001277993# 0000004209/

Check# 61269 08/28/2009 \$1087.92

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check number 61269.
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at Regions Bank.

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08/28/2009

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POLYMER CONVERSERS PROGRESSIVE

1

0061269# 4065305902C 9001277993# 00000108792/

Check# 61270 08/27/2009 \$9535.57

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check number 61270.
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08/27/2009

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236-2648

POLYMER CONVERSERS PROGRESSIVE

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0061270# 4065305902C 9001277993# 00000953557/

Jackson 210 E Capitol ST Main
 210 East Capitol Street
 Jackson, MS 39201

PREVALENCE HEALTH LLC
 PO BOX 12648
 JACKSON MS 39236-2648



ACCOUNT # 9001277993

Page 11 of 12

 61273 MOG 61273# 40653059024 9001277993# 1133243#	 61276 MOG 61276# 40653059024 9001277993# 486.75#	 61277 MOG 61277# 40653059024 9001277993# 2250.00#
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Check# 61273 08/28/2009 \$11332.43

Check# 61276 08/31/2009 \$486.75

Check# 61277 08/31/2009 \$2250.00

 910480# MOG 610480# 40653059024 9001277993# 2669.90#

 910485# MOG 610485# 40653059024 9001277993# 380.35#
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 910486# MOG 610486# 40653059024 9001277993# 774.71#
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Check# 910480 08/03/2009 \$2669.90

Check# 910485 08/25/2009 \$380.35

Check# 910486 08/25/2009 \$774.71

 910487# MOG 610487# 40653059024 9001277993# 2683.90#

 910488# MOG 610488# 40653059024 9001277993# 3217.12#

 910489# MOG 610489# 40653059024 9001277993# 680.18#
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Check# 910487 08/19/2009 \$2683.90

Check# 910488 08/03/2009 \$3217.12

Check# 910489 08/03/2009 \$680.18

 910490# MOG 610490# 40653059024 9001277993# 589.85#
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 910492# MOG 610492# 40653059024 9001277993# 2683.90#

 910493# MOG 610493# 40653059024 9001277993# 4048.38#

Check# 910490 08/04/2009 \$589.85

Check# 910492 08/24/2009 \$2683.90

Check# 910493 08/17/2009 \$4048.38

 910494# MOG 610494# 40653059024 9001277993# 836.62#
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 910495# MOG 610495# 40653059024 9001277993# 850.59#
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 910496# MOG 610496# 40653059024 9001277993# 548.35#
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Check# 910494 08/20/2009 \$836.62

Check# 910495 08/17/2009 \$850.59

Check# 910496 08/17/2009 \$548.35

 910497# MOG 610497# 40653059024 9001277993# 284.34#
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 910499# MOG 610499# 40653059024 9001277993# 4048.38#

 910501# MOG 610501# 40653059024 9001277993# 894.69#
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Check# 910497 08/14/2009 \$284.34

Check# 910499 08/31/2009 \$4048.38

Check# 910501 08/28/2009 \$894.69

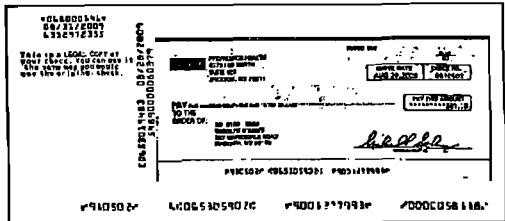
Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648

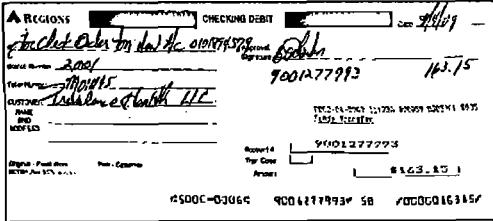


ACCOUNT # 9001277993

Page 12 of 12



Check# 910502 08/31/2009 \$581.18



Check# 0 08/04/2009 \$163.15

Easy Steps to Balance Your Account



Checking Account

1.	Write here the amount shown on statement for ENDING BALANCE	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

Summary of Our Error Resolution Procedures In Case of Errors or Questions About Your Electronic Transfers

Telephone us toll-free at 1-800-444-2867

(or, if in Birmingham area, 326-5667)

or write us at

Regions Electronic Funds Transfer Services

Post Office Box 413
Linton, Indiana 46050-0413

Birmingham, Alabama 35201

As soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number.
(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
(3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201



00040135 01 AV 0.335 001
PREVALENCE HEALTH LLC
CHAPTER 11 DEBTOR IN POSSESSION
CASE NO#09-02016-EE
4270 I 55 N STE 102
JACKSON MS 39211-6394

ACCOUNT # 0101894579

Cycle	001
Enclosures	26
Page	0
	1 of 1

COMMERCIAL ANALYZED CHECKING

August 1, 2009 through August 31, 2009

SUMMARY

Beginning Balance	\$100.00	Minimum Balance	\$80
Deposits & Credits	\$163.15	+	
Withdrawals	\$0.00	-	
Fees	\$183.14	-	
Automatic Transfers	\$0.00	+	
Checks	\$0.00	-	
Ending Balance	\$80.01		

(circled \$80.01) → G/L

DEPOSITS & CREDITS

08/04	Deposit - Thank You	163.15
-------	---------------------	--------

FEES

08/10	Analysis Charge	07-09	20.81
08/21	Harland Clarke	Chk Orders Prevalence Hea	162.33
			Total Fees
			\$183.14

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
08/04	263.15	08/10	242.34	08/21	80.01

**NEW DEPOSIT AGREEMENT AND DEBIT/CHECK
CARD TERMS ARE IN EFFECT AS OF
AUGUST 5, 2009. CHANGES INCLUDE FEWER
TRANSACTION LIMITATIONS ON MONEY MARKET
AND SAVINGS ACCOUNTS. PLEASE GO TO
REGIONS.COM/AGREEMENTS, VISIT ANY
REGIONS BRANCH OR CALL 1-800-REGIONS FOR
DETAILS ABOUT THE NEW TERMS.**

For all your banking needs, please call 1-800-REGIONS.
or visit us on the Internet at www.regions.com.

Thank You For Banking With Regions!